



State Funded Community Supports

(Revised 11/1/2020)

Program Description

The South Carolina Department of Disabilities and Special Needs (DDSN) is the agency established by state law that plans, develops, coordinates and funds services for South Carolinians with severe lifelong disabilities of:

Intellectual Disabilities/Related Disabilities

Autism

Traumatic Brain Injury /Spinal Cord Injury /Similar Disability

When possible, those who are eligible for DDSN services are assisted to maximize the programs, resources, and benefits available to them in order to secure needed services. However, when other programs, resources or benefits are not available to provide needed services, DDSN offers some services and programs exclusively.

State Funded Community Supports (SFCS) is an array of services offered by DDSN to those who are eligible for DDSN services but are not eligible for a DDSN-operated Home and Community Based Waiver.

DDSN SFCS is available to:

- Those who were recently allocated a DDSN-operated HASCI, CS, or ID/RD Waiver slot but were not enrolled. For example, enrollment may not have occurred because the person did not meet Level of Care or because the person was not eligible for Medicaid.
- Those whose DDSN employment / day service is solely funded by DDSN.
- Those who have a critical need for DDSN day services. To submit a request for critical need, see Directive 502-05-DD - DDSN Waiting Lists.

To request SFCS, the Case Manager will send a request via SComm to Janis Moore at SCDDSN. To be eligible for a DDSN-operated Home and Community Based Waiver, one must qualify for Medicaid and meet the Level of Care specified by the waiver. When someone who is eligible for DDSN services has been offered the opportunity to enroll in a DDSN-operated Home and Community Based Waiver but was unable to do so, perhaps because they were determined to not qualify for Medicaid or determined to not meet Level of Care for the waiver in which they are trying to enroll, SFCS may be offered.

When assessed by a DDSN contracted Case Manager to be needed, the following SFCS services are available:

Adult Day Health	Adult Day Health - Transportation	Adult Day Health- Nursing
Personal Care Services (PC I and PC II)	Respite and Home Support	Incontinence Supplies
Assistive Technology and Appliances	Behavior Supports Services	Career Preparation Services
Community Services	Day Activity	Employment Services
Environmental Modifications	Personal Emergency Response System	Private Vehicle Modifications
Support Center Services		

Participants may receive service(s) that cost no more than the annual cost limit per state fiscal year (July 1- June 30). The annual cost cap will be prorated for those who begin participating during any month other than July. Funding not used during the state fiscal year cannot be carried forward to the next year. The annual cost limit for State Fiscal Year, July 1 – June 30, can be found on DDSN’s Application Portal under *Business Tools>State Funded Community Supports*. The annual cost limit is subject to change each State Fiscal Year.

Those participating in this program may also receive Individual and Family Support as described in 734-01-DD if the needed service or product is not available through SFCS. Because Respite is available through SFCS, participants cannot also receive state funded (family arranged) Respite as described in DDSN Directive 734-01-DD.

Program Entrance

DDSN reserves the right to restrict enrollment, adjust or impose additional limits to this program or its services as the agency determines necessary.

DDSN will notify the case manager of a person’s eligibility for SFCS and the case manager will provide basic information about the program to the person receiving services and family. A **State Funded Community Supports - Participant Information** sheet (SFCS Form 1) is available for this purpose.

Those receiving SFCS will also be eligible for and will receive Case Management. If the person is being served by a DDSN-contracted Case Management provider, the current Case Management provider will be notified of the person’s eligibility for the program. If the person is Medicaid eligible, he/she may be eligible for and/or may be receiving Medicaid Targeted Case Management (MTCM); if so, State Funded Case Management would not also be provided unless the MTCM provider is not a DDSN-contracted provider of Case Management.

The Case Manager will be expected to discuss the program with the person, his/her representative or legal guardian, including a discussion of the:

- services potentially available through the program,
- requirement that services only be provided when the need for the service is established by assessment, and
- annual cost limit.

The Case Manager will be expected to provide the person, his/her representative or legal guardian with the document entitled “**Statement of Understandings, Rights, and Responsibilities**” (SFCS Form 2) complete with legible Case Management Agency contact information. The signature of the person, his/her representative or legal guardian acknowledging receipt the “Statement of Understandings, Rights, and Responsibilities” must be secured on this form.

The person will be considered “**ENROLLED**” in the SFCS program when the “**Statement of Understandings, Rights, and Responsibilities**” (SFCS Form 2) is signed. Submit this form to Yolanda Goodwin at SCDDSN via SComm.

Program Exit / Disenrollment

Participation in this program will end if / when the participant:

- Enrolls in a DDSN –operated Medicaid Home and Community Based Waiver;
- Is admitted to an ICF/IID or Nursing Facility;
- Voluntarily withdraws or no longer wishes to receive SFCS;
- Moves out of state, into a PRTF or a Correctional Facility;
- Is admitted to a DDSN-sponsored Residential setting (e.g., CTH, CRCF, SLP);
- Refuses to cooperate with the terms listed in the Statement of Understandings, Rights, and Responsibilities;
- Passes away.

When the person’s participation in the program cannot continue, the **State Funded Community Supports – Notice of Disenrollment (SFCS Form 3)** form must be completed and the effective date of the disenrollment noted. The completed form must be sent to the participant / representative, the Financial Management Agency and to DDSN. The Notice of Disenrollment form may be sent to Yolanda Goodwin at DDSN via SComm.

Annual Review of Program Eligibility

The Case Manager must review the continuing need for SFCS and monitor a person’s Medicaid eligibility status. For example, if a person becomes eligible for Medicaid and meets other requirements for the Community Supports Waiver (CSW), the person should transition from SFCS to the CSW.

Case Management

Once enrolled, the Case Manager will be expected to complete a new or update an existing Support Plan for the person. The assessment portion of the plan must reflect all of the participant’s needs including those needs that can be met through the provision of SFCS services. The Support plan must include the actions to be taken to address the need. The plan must include the name of each SFCS service to be provided and the amount and frequency of the service to be delivered.

During the planning process, the SFCS Budget must be calculated. The **State Funded Community Supports Budget Calculator** (Calculator) can be found on DDSN’s Application Portal under *Business Tools>State Funded Community Supports*. Enter the participant’s name, and the SFCS Enrollment Date (*which is date the SFCS Form 2 was signed*). By entering the Enrollment Date, the calculator will adjust/prorate the total amount available for the State Fiscal Year to reflect the amount remaining in the fiscal year. This amount will be shown on the Calculator as “*Available Funding*”.

Enter the number of units or price/cost of each service to be provided for the remainder of the state fiscal year in the “Budgeted Units” column. If explanatory notes are needed, enter notes in the “Note” column. The Calculator will calculate the cost of each service based on the units/price entered. The Calculator will add together the “total cost” of each service to determine the “*Total Budgeted Cost*” for all services entered and “*Total Budgeted Cost*” will appear on the line titled “*Amount Budgeted Below*”. The calculator will subtract “*Total Budgeted Cost*” from the “*Available Funding*” leaving any “*Balance Remaining*”. Any “*Balance Remaining*” can be used for additional services to address assessed needs. The “*Total Budgeted Cost*” cannot exceed the “*Available Funding*”.

Attach the State Funded Community Supports Budget calculator form to the Assessment in Therap.

Once SFCS services are assessed, planned, budgeted and approved by DDSN, then services can be arranged and authorized. When a *service* (e.g., Personal Care, Adult Day Health, etc.) is to be delivered, the Case Manager will be responsible for offering the participant or his/her representative a choice among available providers of the service. The list of qualified providers from SCDDSN's website can be used. This choice must be documented in the service notes.

When a *product* (e.g., Incontinence Supplies, Assistive Technology & Appliances, etc.) is to be delivered, the participant or his/her representative will choose the method through which the products will be secured (i.e., Reimbursement or Financial Management Agency Purchase).

The Reimbursement method can be used if the participant / representative is willing and able to purchase the needed item and follow the specific instructions from the Financial Management Agency in order to be reimbursed, a needed item can be secured using this "reimbursement" method.

Financial Management Agency Purchase method can be used if the participant / representative is not willing or able to be reimbursed for a purchased item, the needed item can be purchased by the Financial Management Agency and delivered to the participant.

The Reimbursement method should be offered first. If Reimbursement is not the preferred option for the participant, then the Financial Management Agency Purchase method should be used.

If the "Financial Management Agency Purchase" method will be used, the specifications of the product (*e.g., brand and size of diapers; dimensions of microwave oven, etc.*) must be determined and shared with the Financial Management Agency.

All SFCS services (*services and products*) will be secured by the Case Manager. All delivered services and products will be paid for by the participant's Financial Management Agency. This may be a new or unique situation for some service providers and may require additional explanation by the Case Manager. For that reason, the Financial Management Agency must make available the name of staff who will answer the provider's questions about billing, payment, etc. of State Funded Community Supports services.

In order to provide a DDSN Employment or Day Service (i.e., Adult Activity, Career Preparation, Community Supports, and Support Center), the Service Tracking System (STS) "Services Menu" must be updated to reflect the participant is receiving the employment or day service. As appropriate, other SFCS services should also be reflected on STS /CDSS.

The participant or his/her representative has the right to be notified of any decision / action that may adversely affect him/her. If adversely affected, the participant/ representative may choose to appeal the decision /action. Therefore, when a service is reduced or ended (terminated), the participant/representative has the right to be notified prior to the action being taken.

Ten (10) calendar days waiting period (from the date the participant or responsible party is notified) should be given before proceeding with the adverse action unless the action is one noted below. For these actions, no waiting period is required:

- Participant requested reduction
- Voluntary withdrawal
- Death
- Participant moves out of state or into a Nursing Facility, ICF/IID, PRTF or Correctional Facility
- Participant enrolls in a HCB Waiver
- Cost limit has been reached

A **Notice of Reduction or Termination** (SFCS Form 4) should be used to notify the participant/representative and/or the service provider and the Financial Management Agency of the action.

A reduction means that fewer units of the same service will be authorized to the provider who currently provides the services. When services are to be reduced, the **Notice of Reduction or Termination** (SFCS Form 4) is issued to the participant / representative and the Financial Management Agency and a new Authorization/Referral with the reduced number of units or price is issued.

A termination means that the service will no longer be provided. Either the provider can no longer be paid for rendering the service or the noted price will no longer be paid for the service. When a service is to be terminated, the **Notice of Reduction or Termination** (SFCS Form 4) is issued to the participant / representative and/or the provider and the Financial Management Agency.

SFCS services should be monitored in accordance with DDSN Case Management Standards.